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ABSTRACT

The Albuquerque (New Mecixo) Public Schools established the Mental Health Project in August 1985 to provide an interdisciplinary team approach to deliver direct/indirect counseling services to selected special education students, families, and staff. Seventy-seven percent of the 88 students, ages 5-21, receiving services were either behaviorally disordered or communication disordered and exhibiting behavioral problems; others were learning or multiply disabled. Clinical services provided students and their families achieved slight to complete alleviation of the referring problem in 84 percent of the cases. Consultation services were considered helpful by 63.5 percent of the special education teachers, counselors, and administrators receiving them for such problems as feelings of failure, burnout, easing students' transition problems from elementary to middle or middle to high school, and providing advocacy for a child. Training activities provided to staff, teachers, and/or parents were considered helpful by the same percentage. Training sessions promoting positive interaction with handicapped children and their families covered such topics as grieving and loss, behavior disorders, and teacher burnout. An evaluation of the program indicated the need for administrators and teachers to receive more information about the program, improved communication between project and school-based staff, clearer criteria for admitting students into the program, and additional inservice training. (VW)

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1985-86
EVALUATION REPORT

P.L. 94-142
Mental Health Project

ALBUQUERQUE PUBLIC SCHOOLS

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December 1986

EVALUATION REPORT

P.L. 94-142
MENTAL HEALTH PROJECT

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EVALUATION REPORT

P.L. 94-142
MENTAL HEALTH PROJECT

ADMINISTRATIVE SUMMARY

Program Description

Albuquerque Public Schools (APS) elected to use some of its Public Law 94-142 Education for All Handicapped Children Act-Part B (P.L. 94-142) monies to establish the Mental Health Project. The program began formally in August, 1985. According to APS Special Education records, the objective of the program was to provide an interdisciplinary team approach to deliver direct/indirect counseling services to selected special education students, families, and staff.

Six professional staff members were hired to create the Mental Health Project Staff. The staff provided three major types of services to selected APS special education staff, students, and their families. Specifically:

1) Clinical Services were provided to selected special education students and their families. Special education students were referred to the staff, which, in turn, made case selection and determination if the clinical services (direct services) were to be individual, group, or family therapy.

2) Consultation Services included services such as:
   a) Working with staff to prevent feelings of failure (e.g., not being able to help a severely disabled child) or to help staff cope with burnout.
   b) Helping teachers ease transition problems of students going from elementary to middle school or transferring from middle to high school.
   c) Serving as an advocate for a child (e.g., helping staff or parents set more realistic goals for a child).

3) Training Activities included sessions with staff, teachers, and/or parents where participants learned skills which helped them to interact positively with handicapped students and their families. Topics included handling grieving and loss, dealing with students who act out, dealing with students who are behaviorally disordered, and coping with teacher burnout.

Study Methodology

The study was designed to evaluate the program in terms of impact on special education students and staff. It also looked at the overall effectiveness of the program. Data for this study were collected by three methods: interviews, review of records, and survey research.

Findings

The Mental Health Team Project had a positive impact on Special Education staff and students. The major findings were:

1) The Mental Health Project Staff provided the following services:

   a) Clinical Services (e.g., direct counseling) were provided to 88 students during the 1985-86 school year. According to project staffs' data, 84% of the children served achieved slight to complete alleviation of the referring problem according to school-based staffs' and team staffs' perceptions.
   b) Consultation Services required 1200 hours for 1000 different consultation sessions. Sixty-three and one-half percent (63.5%) of special education teachers, counselors, and administrators surveyed found the consultation sessions to be helpful.
   c) Training Activities were provided for teachers, staff, and parents consuming 320 hours for 180 sessions. Training sessions were considered to be helpful by 63.5% of teachers, counselors, and administrators responding to the survey.

2) Suggestions for improving the program were solicited in the surveys and in interviews. The findings are summarized below:

   a) Administrators and teachers indicated a need for more information about the program, its services, referral procedures, and goals.
   b) Respondents indicated a need for more direct communication between school-based staff and project staff regarding students receiving clinical services, especially when students are being terminated from service.
   c) Interview respondents indicated a need for a more detailed explanation concerning why students were or were not accepted for services.
   d) Teachers and administrators requested inservices on topics such as:

      1) How to document student growth.
      2) How to help parents and children to better interact with each other.
      3) How to know what behavior management techniques are appropriate for a child or family.
      4) How to defuse a situation when a family is in disagreement with the school or District.
      5) How to deal with adolescent students who are behaviorally disordered.
      6) How to deal with the frustrations of teaching severely disabled students when students make only minimal gains.

EVALUATION REPORT

P.L. 94-142
MENTAL HEALTH PROJECT

Program Description

Albuquerque Public Schools (APS) elected to use some of its Public Law 94-142 Education for All Handicapped Children Act-Part B (P.L. 94-142) monies to establish the Mental Health Project. The program began formally in August, 1985. The objective of the program was to:

> Provide an interdisciplinary team approach to the delivery of direct/indirect counseling services to the primary care providers, parents, and/or teachers of handicapped students. (APS Application to the New Mexico State Department of Education, 1986 Plan, p. 37, Objective 2.)

Six professional staff members (two counselors and four social workers) were hired to form the Mental Health Project Staff. The staff provided three major types of services to selected APS special education students and their families, faculty, and staff members. Specifically:

1) Clinical Services were provided to selected special education students and their families. Special education students were referred to the staff, which, in turn, made case selection and determination if the clinical services (direct services) were to be individual, group, or family therapy.

2) Consultation Services included services such as:
   a) Working with staff to prevent feelings of failure (not being able to help a severely disabled child) or to help staff cope with burnout.
   b) Helping teachers ease transition problems of students going from elementary to middle school or students transferring from middle to high school.
   c) Serving as an advocate for a child (e.g., helping staff or parents set more realistic goals for a child).

3) Training Activities included sessions with staff, teachers, and/or parents where participants learned skills which helped them to interact positively with handicapped students and their families. Topics included handling grieving and loss, dealing with students who act out, dealing with students who are behaviorally disordered, and coping with teacher burnout.

EVALUATION DESIGN

Development Of The Study

In January of 1986, Central Office Special Education administrators met with representatives from Planning, Research and Accountability (PRA) to prioritize the 35 P.L. 94-142 components for study. The Mental Health Project was considered to be a priority for evaluation by the Special Education Department. Hence, it was studied at the end of the 1985-86 school year.

The evaluator from PRA was assigned to study the impact and effectiveness of the program. Beginning in April, 1986 the evaluator interviewed key Special Education administrators to ascertain: (a) the goals of the program, (b) the services provided by program staff, (c) administrators' perceptions of the program, and (d) questions that they wanted answered.

Research questions to be addressed and methods for data collection were determined. Questions to be addressed were:

1. What were the services of the Mental Health Project?
2. What was the impact of the program on students?
3. What was the impact of the program on APS staff?
4. What was the impact of the program on families of selected special education students?
5. What was the overall effectiveness of the program?
6. What can be done to make the program stronger?

Data collection was accomplished through interviews, review of records, and survey research. Each of these methods is briefly described.

Interviews. Group and individual interviews of special education teachers, administrators, principals, assistant principals, and project staff were conducted prior to administering the survey and, in some instances, after the survey. Pre-survey interviews were designed to obtain background information, to find out about the services provided by the project staff, and to determine if the interviewees had questions they would like to have answered.

All questions were incorporated into the study. Post-survey interviews were used to clarify issues raised in comments on the survey.

Review Of Records. Records in the Mental Health Project's office were reviewed to determine the activities and services of the project staff and to trace how the project's services were utilized.

Survey Research. APS educators who utilized the project's services (principals, side-by-side assistant principals, program coordinators, special education teachers, and counselors) were surveyed to ascertain perceived impact and effectiveness of the program. Comments were solicited on the benefits of the program as well as suggestions regarding how the program could be made stronger.

Fifty-two (52) or 53.1% of the 98 APS educators surveyed returned usable questionnaires. Of the 46 who did not return instruments, 26 or 26.5% called or wrote notes saying they were not aware of the activities of the project.

Rather than discuss the results of each data source in isolation, all information has been integrated according to topics throughout the discussion. The end result is a comprehensive picture of the effectiveness and impact of the program.

FINDINGS AND ANALYSIS

Overview

The Mental Health Project provided three major services to selected special education students, students' families, and staff: clinical services, consultation services, and training services. Each service and its impact is discussed separately in the section that follows. Sections are presented in the following order: (1) description and examples of services provided, (2) a profile of those served, and (3) a summary of the effectiveness of the services.

Clinical Services

Description And Examples. Project staff members provided clinical services to 88 selected special education students and their families. Table 1 summarizes the number of sessions and hours of direct clinical services provided by project staff.

TABLE 1
SUMMARY OF CLINICAL SERVICES
PROVIDED BY STAFF

Services	# Of Sessions	# Of Hours
1. Intake - collecting background data, concerns, and referral paper work.	150	125
2. Referral and Case Presentation - meeting with school staff to review referral, review presenting problems, and decide if a child will receive direct or indirect services.	100	530
3. Therapy - providing therapy sessions which were defined as clinical intervention on an individual, group, or family therapy basis.	850	1,100
4. Outreach - providing services on behalf of a client. These include referral to community agencies, advocacy in school, and meeting with others.	270	275
TOTALS	1,370	2,030

According to data summarized in Table 1, the project staff spent 2,030 hours providing clinical services to selected special education students and their families. Activities included intake, referral, case presentation to the team, therapy, and out-reach.

Profile Of Students Served. Of the 88 students receiving direct clinical services:

- -49% were behaviorally disordered
- -28% were communication disordered and were exhibiting behavioral problems
- -16% were learning disabled
- - 7% were multiply disabled

Seventy-seven percent (77%) of the students were either behaviorally disordered or were communication disordered and exhibiting behavioral problems. These figures suggest inservice and training implications for teachers of students with these handicapping conditions. According to regulations in the Educational Standards for New Mexico Schools (July, 1986):

> Within the educational setting, the behaviorally disordered child is one whose behavior may be discordant in his/her relationship with others and whose academic achievement has been impaired due to an inability to learn utilizing the presented teaching techniques. The child's current behavior manifests either an extreme or a persistent failure to adapt and function intellectually, emotionally, and socially at a level commensurate with his/her level and chronological age. (B.4.1.1, p. B 22)

Not only must teachers attempt to help students deal with behavior issues, they must also deal with teaching academics as well. Meeting the needs of children who are communication disordered and who also exhibit behavior problems is challenging.

Table 2 summarizes the breakdown of percentage of children served in three age brackets. The first age bracket, 5-10 years of age, which coincides with elementary school ages, represents 44% of those served. Forty-three percent (43%) of the students were between age 11-14, which coincides with middle school ages. Ages 15-21 coincides with high school ages, yet only 13% of those receiving direct counseling services were in this age bracket. According to Project staffs' records, high school staff received the same information about the program as other levels. If Haring and McCormick (1986) were correct in their observation that handicapped adolescents have more problems than other ages, one would expect that high schools would use the services of the Mental Health Team at least as frequently as elementary and middle schools.

TABLE 2

SUMMARY OF
AGE RANGES SERVED

AGE RANGE	PERCENT
5-10 Yrs	44
11-14 Yrs	43
15-21 Yrs	13
	100%

Of the students who received clinical services, 32 or 36.3% were helped with school/family relationship types of problems. These problems included: school personnel not realizing the long term consequences of grief and loss for a child; school staff and parents having a major disagreement over the most appropriate placement of a child; and conflict between home and school arising when school staff tried to begin an intervention program with a family which was not ready to accept and utilize such a program.

An additional 34 or 38.6% received counseling services regarding personal or psychological issues. Some of these problems included: special education students' acting out in reaction to home problems; a severely physically impaired child's having psychological problems which affect his ability to function at home and school; and a child's behavioral disorders inhibiting learning in school.

The remaining 22 or 25.1% of the students received clinical services in what project staff categorized as "societal impacts on families and schools." One example of this type of problem was shown by a situation where a single parent was required to work from 3pm-11pm, which severely limited the time available for the disabled child. According to Haring and McCormick (1986), this type of situation causes additional stress on a family, especially when the child is handicapped. Another example provided by the project staff reflected a situation where the value system of school personnel conflicted with the value system of the family. The conflict blocked positive interaction between the family and school staff, until intervention by the Mental Health Team assisted in improvement of communication.

Effectiveness Of Clinical Services. Project staff surveyed school-based staff to rate the effectiveness of clinical services. According to the ratings of school staff, 74 or 84% of the students receiving clinical services achieved slight to complete alleviation of the problem(s). Project staff members also rated the effectiveness of their efforts in providing clinical services to students. Interestingly, school-based staff tended to perceive a greater improvement than did project staff members in 22 of the cases. In 52 of the cases, both staffs tended to perceive progress of students equally.

Project staff members pointed out that some respondents viewed no worsening of the problem as positive and therefore perceived the services as being effective.

Consultation Services

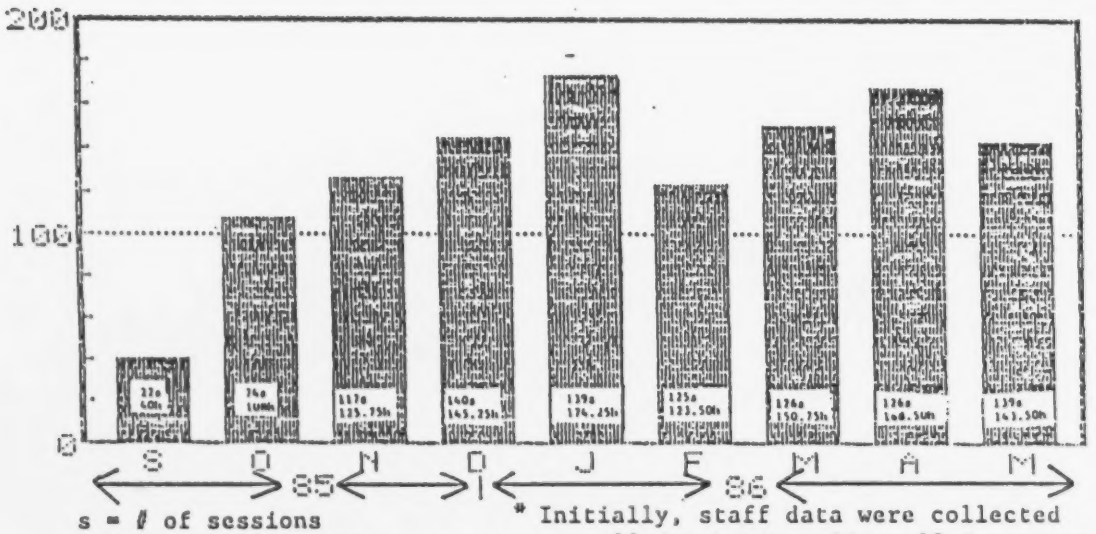
Description And Examples. Project staff reported providing 1,000 sessions (1200 hours) of consultation services to APS staff or selected special education students' families. Consultation services included: (1) being an advocate for a student (e.g., helping a school staff or parents have more realistic expectations for a student); (2) suggesting materials or techniques for staffs' use in improving the performance of a particular student or students; (3) providing professional advice to teachers and staff on strategies or alternative approaches in dealing with a particular "type" of student; and, (4) helping parents learn better ways of dealing with their "special" children.

Consultation generally involved one project staff member's meeting with school-based staff who work with a particular child or children. The Mental Health Project staff member sometimes suggested materials or strategies to staff members to improve the performance of a particular child or children.

Figure 1 indicates the number of consultation sessions the six team members conducted during the 1985-86 school year. The figure also depicts the number of hours staff members spent in consultation sessions during the 1985-86 school year.

FIGURE 1

SUMMARY OF NUMBER/HOURS OF CONSULTATIONS



s = # of sessions
h = hours per month*

* Initially, staff data were collected on a 20-day basis. Since 20 day counts were not always adhered to, data were converted to months for this report.

As shown in Figure 1, project members provided the following sessions per month:

September,	1985 -	22 sessions lasting	40.00 hours
October,	1985 -	74 sessions lasting	108.00 hours
November,	1985 -	117 sessions lasting	125.50 hours
December,	1985 -	140 sessions lasting	145.50 hours
January,	1986 -	139 sessions lasting	174.25 hours
February,	1986 -	125 sessions lasting	125.50 hours
March,	1986 -	126 sessions lasting	150.75 hours
April,	1986 -	126 sessions lasting	168.50 hours
May,	1986 -	139 sessions lasting	143.50 hours

In September, 1985, the project's first full month of operation, team members provided 22 sessions lasting 40 hours. The number of sessions increased dramatically during the next few months, averaging 112 sessions or 131.28 hours a month.

Profile Of Those Receiving Consultation Services. Special education students' parents, special education teachers, regular education teachers, counselors, social workers, speech and language therapists, program coordinators, and aides all received consultation services throughout the year. Specific numbers of individual groups of people who received consultation services were not available.

Effectiveness Of The Consultation Services. Sixty-three and one-half percent (63.5%) of the professionals responding to the survey found the consultation services to be helpful. However, 36.5% of the respondents indicated that they did not know they could request consultations. It is apparent that professional staff needs to be made more aware of the project's services and how to obtain them.

Training Services

Description And Examples Of Training Services. Project staff reported spending 320 hours providing 180 training sessions to APS special education staff. Training sessions tended to be group meetings which were designed to transmit general information about working with special education students while consultation services tended to focus on a specific child's problems. Examples of training programs included:

1) Re-emphasizing to APS staff that a variety of approaches to working with children can be used effectively with special children;
2) Training staff in setting up a parent support group;
3) Training staff in strategies of working with children who display behavioral problems;
4) Training staff in additional ways of responding to the needs of special education students;
5) Training staff in conducting a case review process and looking at alternative ways of dealing with special education students; and

Description Of Those Served. Training activities included sessions with both regular and special education staff, as well as with parents when appropriate. In these workshops, participants learned skills to assist them in interacting with handicapped students and their families. Topics included handling grieving and loss, dealing with students who act out, dealing with students who are behaviorally disordered, and coping with teacher burnout. The precise numbers who received each of these services were not available.

Effectiveness Of Training Services. According to survey results, the majority of the respondents (63.5%) found the training sessions helpful. However, 19.5% were not aware that they attended an activity of the Mental Health Project--even though they indicated via telephone calls that they participated in the activity. Another 17.5% said they did not know the services were available.

The salient point of this discussion is that the services provided by the staff were perceived to be helpful by respondents. However, it is clear that more people need to know who sponsored or conducted the services and that they can request these services.

What Was The
Overall Effectiveness
Of The Program?

Overall, interviewees and survey respondents perceived the services of the program to have had positive impact on students, staff, and program. For instance, 84% of students receiving clinical services improved, according to the perceptions of school based personnel and project staff. In addition, nearly 64% of the respondents found consultation services of the project to be helpful.

Comments from surveys and interviews revealed perceptions of the overall effectiveness of the project, which are summarized below. The number of people making similar comments is noted in parentheses after each comment. While the numbers might appear to be low, only 98 people were sent surveys and 52 or 53.1% responded with usable instruments.

-Project staff members have helped school-based staff gain more insight about special students and that there are many possible approaches to use. (18)

-Project staff members are competent. They give nonjudgemental support to teachers, staff, and families. (13)

-Project staff were most helpful. School-based personnel appreciated nonjudgemental support offered to students and their families. (13 comments)

-Project staff helped school-based staff deal with their frustrations concerning a student. Many times teachers know what a child needs but cannot deal with not being able to meet those needs. (8)

-Project staff has been quite helpful in dealing with individual students and their families. (6)

What Can Be Done
To Make The
Program Stronger/
More Effective?

All those surveyed were asked to list (and explain) any suggestions they might have to make the program stronger. The responses are categorized and summarized in the section that follows. The number of people citing similar suggestions is noted in parentheses at the end of each comment.

-We need more information about the program and its services, as well as how to refer a child, early in the year. (22)

-Spend more time on clinical services. (12)

-Focus more attention on training parents on how to deal with their special child and behavior management techniques that can be used at home. (10)

-Teachers need more help learning to deal with frustrated and irate parents so we don't have "war" between home and school. (8)

-What criteria does the Team use to accept or reject a child for services? It appears to be inconsistent from one school to the next. We could be more selective in referring appropriate students if we knew about the criteria. (8)

-Spend more time in counseling and training services. (7)

-We need more direct communication with teachers. We need feedback as project staff work with a child and especially if they are going to terminate services for a child. (6)

Several people suggested inservice topics. These suggestions included:

1) How to document student growth.
2) How to help parents and children better deal with each other.
3) How to know what approach is correct for a child or family.
4) How to defuse a situation when a family is in disagreement with the school or District.
5) How to deal with adolescent students who are behaviorally disordered.
6) How to deal with the frustrations of making only minimal gains with severely disabled students.

SUMMARY AND CONCLUSIONS

The Mental Health Project was evaluated in April and May of 1986. The program had been in place for less than a year at the time of the study.

The study was designed to evaluate the program in terms of: (1) identifying and defining the major activities of the program, and (2) evaluating the impact of each major activity. Data collection took three forms: interviews, review of records, and survey research.

Findings

According to survey results and the Mental Health Team's data, the Mental Health Team Project had a positive impact on Special Education staff and students. The major findings were:

1) The Mental Health Project Staff provided:
   a) Clinical Services (e.g., direct counseling) were provided to 88 students during the 1985-86 school year. According to project staffs' data, 84% of the children served achieved slight to complete alleviation of the referring problem according to school-based staffs' and team staffs' perceptions.
   b) Consultation Services were provided for 1200 hours for 1000 different consultation sessions. Sixty-three and one-half percent (63.5%) of special education teachers, counselors, and administrators surveyed found the consultation sessions to be helpful.
   c) Training Activities were provided for teachers, staff, and parents, consuming 320 hours for 180 sessions. Training sessions were considered to be helpful by 63.5% of the teachers, counselors, and administrators who responded to the survey.

2) Suggestions for improving the program were solicited in the surveys and in interviews. The findings are summarized below:
   a) Administrators and teachers indicated a need for more information about the program, its services, referral procedures, and goals.
   b) Respondents indicated a need for more direct communication between school-based staff and project staff regarding students in clinical services, especially when students are being terminated from service.
   c) Interview respondents indicated a need for a more detailed explanation concerning why students were or were not accepted for services.

d) Teachers and administrators requested inservices on topics such as:

1) How to document student growth.
2) How to help parents and children better interact with each other.
3) How to know what behavior management techniques are appropriate for a child or family.
4) How to defuse a situation when a family is in disagreement with the school or District.
5) How to deal with adolescent students who are behaviorally disordered. -
6) How to deal with the frustrations of teaching severely disabled students when students make only minimal gains.

Current APS policy insures that staff, including the project leader, will review the data and findings contained in this report. A plan which includes appropriate steps to address identified program needs will be implemented.

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